MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1209

Reg. Dist. No. 01183 330

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Linden Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 405 Linden Avenue

3. NAME OF DECEASED: (Type or Print) (First) BEULAH (Middle) ETTA (Last) CAMPBELL

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1956.

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 30, 1871
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Henry
14. MOTHER'S MAIDEN NAME: Lovie Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Daughter: Elsie Moten, 3736 Hayes St., NE, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331/X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage and Coma — 3 weeks

DUE TO

ANTECEDENT CAUSE (B) Cerebral Hemorrhage — 5 Years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Generalized Arteriosclerosis — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1955 to Jan. 5, 1956 that I last saw the deceased alive on Jan. 5, 1956, and that death occurred at 6:00 PM, from the causes and on the date stated above.

SIGNATURE Charles M. Trader M. D. ADDRESS Pocomoke City, Md DATE SIGNED Jan. 6, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-9-56 — NAME OF CEMETERY OR CREMATORY Hall Hill — LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 10, 1956 — REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Edgar Whorton — ADDRESS New Church, Va.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1212

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01184

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY Worcester — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ocean City — LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 50

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Ocean City
STREET ADDRESS (If rural give location) Rt 50 1/4 mile west of Herring Creek.

3. NAME OF DECEASED (Type or Print) (First) IDA (Middle) (None) (Last) CLARK

4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1956

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH July 7 1872
9. AGE last birthday 83 Yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Baltimore, Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME William Hoerichs
14. MOTHER'S MAIDEN NAME Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Mrs Beulah Wilson (daughter) Berlin Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 IMMEDIATE CAUSE (A) Coronary occlusion acute — 24 hours

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic CVD — 3 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED White at work ☐ Not white at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1956, to Jan 17, 1956, that I last saw the deceased alive on Jan 16, 1956, and that death occurred 2:30 A.M. from the causes and on the date stated above.

SIGNATURE [illegible] M.D. — ADDRESS (Street, city, town, state) Ocean City, Md — DATE SIGNED Jan 17, 56.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF I/20/1956 — NAME OF CEMETERY OR CREMATORY St. Paul's Cem. — LOCATION (City, town or county) (State) near - Chestertown, Md.

24. REC'D BY REGISTRAR DATE JAN 20 1956 — REGISTRAR'S SIGNATURE [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE J. Willis Wells — ADDRESS CHESTERTOWN Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01185

1218

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) R.F.D.# 2 Box 80

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Dennis

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1956

5. SEX: F.

6. COLOR OR RACE: C.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Sept. 7, 1893

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Scott Boston

14. MOTHER'S MAIDEN NAME: Louise Bell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -* (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Louise Butler Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1956 to 1-4, 1956 that I last saw the deceased alive on 1-3, 1956, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE C. E. Litchfield (Degree or title) ADDRESS Bear Church Va. DATE SIGNED 1-7-56

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/8/56

NAME OF CEMETERY OR CREMATORY St James Cem.

LOCATION (City, town, or county) (State) Pocomoke City, Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 10, 1956

REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Edgar Wharton

ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1210

01186

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 350

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 414 Linden Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Pocomoke City — Rural
STREET ADDRESS (If rural, give location): Funntown

3. NAME OF DECEASED: (First) Harrison (Middle) Winfield (Last) Hargis
4. DATE OF DEATH: (Month) Jan (Day) 9th (Year) 1956
5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Jan 20 1913
9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Canning
11. BIRTHPLACE (State or foreign country): Pocomoke City Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harrison Hargis
14. MOTHER'S MAIDEN NAME: Gertrude Cottman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-12-6402
17. INFORMANT & ADDRESS: Lavonia Hargis (wife) 6th St. Pocomoke City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably Acute Coronary Occlusion — 1 hr.
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C. alcoholism — 20 years

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE: H. E. Sartorius Jr. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-12-56
NAME OF CEMETERY OR CREMATORY: Hall's Hill
LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: Jan. 12, 1956
REGISTRAR'S SIGNATURE: Anne E. White
24. FUNERAL DIRECTOR ADDRESS: Edgar Wharton — New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1214

CERTIFICATE OF DEATH

01187

Reg. Dist. No. 355

1. PLACE OF DEATH

COUNTY: WORCESTER — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MD — COUNTY: WORCESTER

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BERLIN

STREET ADDRESS (If rural give location): N. MAIN ST.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ADELIA FRANCES HAYWARD

4. DATE OF DEATH (Month) (Day) (Year): JAN 24 1956

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 23, 1867

9. AGE last birthday: 88 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SNOW HILL MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ELIJAH PARSONS

14. MOTHER'S MAIDEN NAME: GORDY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): NO — (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: MRS. ANTHONY PURNELL, BERLIN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.1 IMMEDIATE CAUSE (A) Paralytic Ileus due To Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE(S) DUE TO (B) Perforated diverticuli of Sigmoid — 3-4 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Atherosclerosis Generalized — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to Jan 24, 1956, that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 5:30 p.m. from the causes and on the date stated above.

SIGNATURE: Hermann Rabkin M.D. — ADDRESS (Street, city, town, state): Berlin, Md — DATE SIGNED: 1/26/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 1/27/56 — NAME OF CEMETERY OR CREMATORY: BUCKINGHAM — LOCATION (City, town, or county) (State): BERLIN MD.

24. REC'D BY REGISTRAR — DATE: Feb. 1, 1956 — REGISTRAR'S SIGNATURE: Helen F. Hayward

25. FUNERAL DIRECTOR'S SIGNATURE: Anna A. Burbage — ADDRESS: Berlin Md

1215

01188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Pocomoke, Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Pocomoke, Maryland
STREET ADDRESS (If rural give location) RFD #3

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Upshur (Last) Jones

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 19 56

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 26, 1874
9. AGE last birthday 81 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: own
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Thomas Jones
14. MOTHER'S MAIDEN NAME: Sarah Wise Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs Ada Jones Burbage, Ocean City, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval between onset and death
IMMEDIATE CAUSE	(A)	Cardiac Failure	Few Minutes
ANTECEDENT CAUSE (S): DUE TO	(B)	Starvation	Few Weeks
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C)	Carcinoma of Stomach	Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, mod. — Unknown

19A. DATE OF OPERATION: 15 September 1955
19B. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach c Metastases & Infiltration inoperable
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan., 1949 to Jan 18, 1956, that I last saw the deceased alive on 17 Jan., 1956, and that death occurred at 9:15 P M, from the causes and on the date stated above.

SIGNATURE Norman E. Sartorius, Jr. M. D. ADDRESS Pocomoke, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan 21, 1956
NAME OF CEMETERY OR CREMATORY Remson Cemetery
LOCATION (City, town, or county) (State) RURAL-Pocomoke, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan. 21, 1956
REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR Henry H. Watson
ADDRESS Pocomoke, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1216

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01189

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH
COUNTY WORCHESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - BISHOP
LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WORCHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BISHOP
STREET ADDRESS (If rural give location) BISHOP RD #1

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) V. (Last) LEASURE

4. DATE OF DEATH: (Month) JAN. (Day) 15 (Year) 1956

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 28, 1868

9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JERIMIAH LEASURE

14. MOTHER'S MAIDEN NAME: CAROLINE MACKELFISH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: MRS. NORMAN HOLLAWAY BISHOP, Md RD #1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) acute coronary	1 day
ANTECEDENT CAUSE (S) DUE TO	(B) severe atherosclerosis and arteriosclerosis	3 years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(C) senile changes.	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. senility & senile psychosis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19....., to ..., 19 ..., that I last saw the deceased alive on ..... ., 19.. and that death occurred at .. .M, from the causes and on the date stated above.

SIGNATURE Robert G. Grath for M.D. ADDRESS Berlin, Md. DATE SIGNED 1/15/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JAN. 18, 1956 | NAME OF CEMETERY OR CREMATORY ROSE HILL | LOCATION (City, town, or county) CUMBERLAND (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-16-56 | REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A. Bunting ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1211 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01156

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DEASCED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location) 403 Oxford St.

3. NAME OF DECEASED: (Type or Print) (First) Polly (Middle) Selby (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1956

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: March 2, 1890
9. AGE last birthday: 65 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Wallop
14. MOTHER'S MAIDEN NAME: Mary Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Howard Wallop - Oak Hall, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

DUE TO

ANTECEDENT CAUSE (B) Hypertension — app. 8 mos.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Generalized Arteriosclerosis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Jan 2, 1956, that I last saw the deceased alive on Jan 1, 1956, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel F. Fletcher Jr. M.D. ADDRESS Nassawadox, Va. DATE SIGNED Jan 4, 1956

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried — DATE THEREOF Jan 7-56 — NAME OF CEMETERY OR CREMATORY Wattsville Cem. — LOCATION (City, town, or county) Wattsville, Va. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 10, 1956 — REGISTRAR'S SIGNATURE Anne E. White — 24. FUNERAL DIRECTOR Edgar Wharton — ADDRESS New Church, Va.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

1217 Item 1, Film [illegible] 1-13-56 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01191

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newark
LENGTH OF STAY (In this place) 86 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural give location) --

3. NAME OF DECEASED: (Type or Print) (First) Maggie (Middle) Belle (Last) Smith

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept 12, 1869
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Newark, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Loda Davis
14. MOTHER'S MAIDEN NAME: Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. Wilmer L. Smith Newark, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

IMMEDIATE CAUSE (A) Hypertensive Arteriosclerotic

DUE TO

ANTECEDENT CAUSE (B) Cardio renal disease — many Years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, 19..., to 1/2/56, 19..., that I last saw the deceased alive on 1/3/55, 19..., and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Paul Cohen ADDRESS Snow Hill Md DATE SIGNED 1-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/5/56
NAME OF CEMETERY OR CREMATORY Evergreen Cem
LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 5, 56
REGISTRAR'S SIGNATURE Elsie E. Cooper
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01192

1218

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH

COUNTY Worcester — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Rural #1

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) H. (Last) Victor

4. DATE OF DEATH (Month) Jan. (Day) 8 (Year) 1956

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Widowed	June 15 1866	90 6 23 yr.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Tenant Farmer	Snow Hill Md	

13. FATHER'S NAME Jacob Victor

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Mr Seafarer Victor, Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

11457

IMMEDIATE CAUSE (A) Hypertensive Cardiovascular Disease

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1955, to 1/8, 1956, that I last saw the deceased alive on 1/4, 1956, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE Thomas L. Jones, M.D. — ADDRESS (Street, city, town, state) Snow Hill, Md. — DATE SIGNED 1/9/56

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 12/56	Coolspring Cemetery	Pocomoke, Md

24. DATE REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Jan 11, 56	Elmer E. Cooper	Clay E. Timmis	Snow Hill, Md